

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/22/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/21/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEAR CREEK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5840 GREENWOOD AVENUE LA GRANGE, NC 28551</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 249	<p><b>PROGRAM IMPLEMENTATION</b> CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to assure a pattern of interactions supported the individual program plan (IPP) for 1 of 8 audit clients (#7) specifically in the area of feeding guidelines. The finding is:</p> <p>Client #7's feeding guidelines were not consistently implemented as written.</p> <p>During observations of supper on 5/20/19 and breakfast on 5/21/19 revealed that client #7 was not given one sip of beverage to one bite of food. Specifically during supper on 5/20/19, client #7 was fed from his left side and presented 5 spoonfuls of food to the center of his mouth before being fed thickened water. Throughout the remainder of this meal, he was presented about 5-10 bites of food before being presented beverages.</p> <p>During breakfast observations on 5/21/19, client #7 was fed his entire plateful of food before his beverage was even poured. At the end of the meal, staff A poured milk in his cup and then poured a packet of thickener into it. She stirred it</p>	W 249			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 249	<p>Continued From page 1 with a straw for about 30 seconds and immediately fed the entire cup to him.</p> <p>Review on 5/21/19 of the packet of thickener revealed for honey-like consistency "add one packet to 4 fl o of a liquid." It further indicated that one should "allow 1-4 minutes for liquid to reach optimal thickness."</p> <p>Review on 5/20/19 of client #7's IPP dated 7/12/18 revealed he is on a pureed diet with honey thick liquids and that he is "to be given small bites/sips. Give one spoonful of food and one sip of liquid...make sure [Client#7] has swallowed before adding more food or drink."</p> <p>Additional review on 5/21/19 of the occupational therapy evaluation dated 4/9/18 revealed the recommendation of "Give one spoonful of food and one sip of liquid."</p> <p>Interview with Staff A on 5/21/19 revealed she forgot to make his beverage but that client #7 "prefers" beverages throughout the meal.</p> <p>Interview with the qualified intellectual disabilities professional (QIDP) on 5/21/19 confirmed staff should follow the IPP as written.</p>	W 249			